



Health Reform Implementation

American Cancer Society Day, CAN Lobby Day

March 20, 2013

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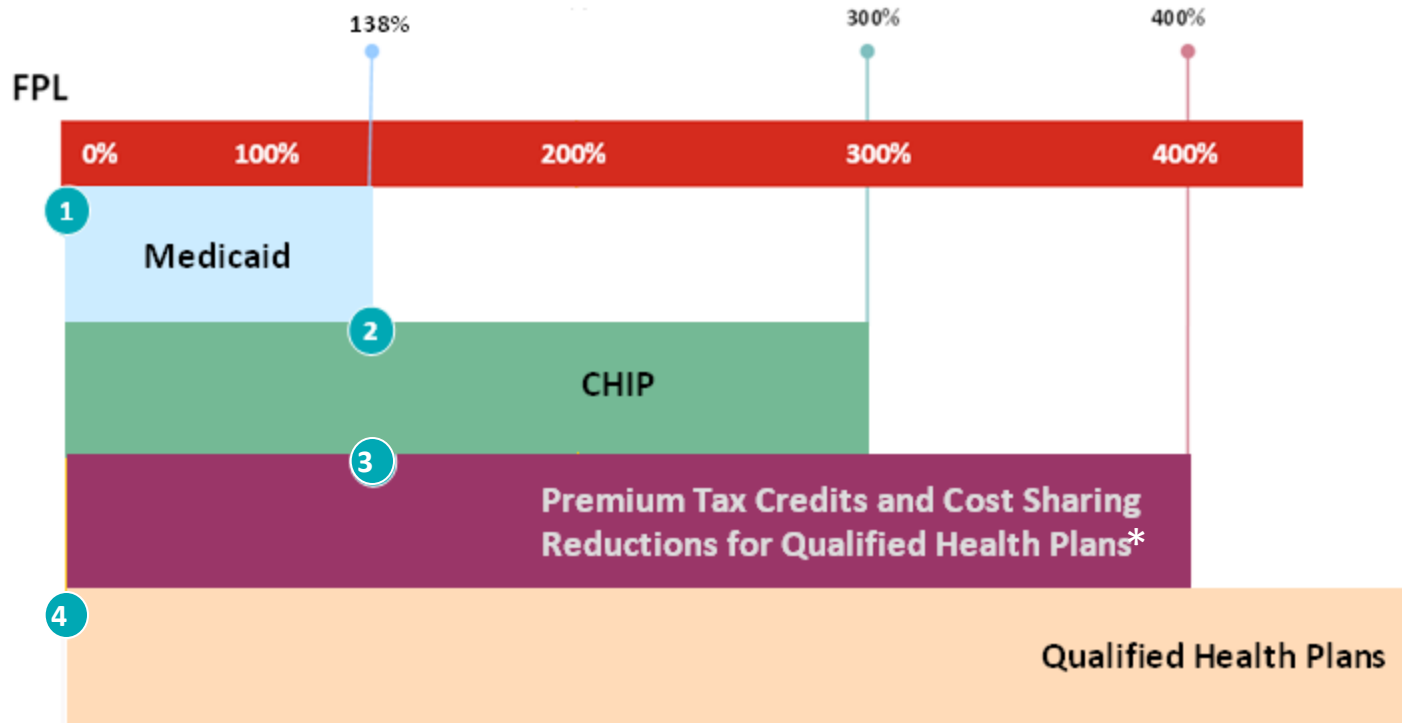
Topics for Today

- Health Reform Goals
- 2014 Programs Under the ACA
- Federal Poverty Level benchmarks
- Processing Eligibility: 2014 Changes
- Access to Care
- The Work Ahead

Health Care Reform Goals

- Capitalize on opportunities to streamline administrative processes
- Leverage new federal financing opportunities to ensure the Medicaid expansion is sustainable
- Maximize use of technology to create consumer-friendly application/enrollment/renewal experience
- Maximize continuity of coverage and care as individuals move between subsidized coverage options
- Reform the Washington Way --- comply with, or seek waiver from, specific ACA requirements related to coverage and eligibility, as needs are identified

2014 ACA Continuum of Coverage “Insurance Affordability Programs”



* Federal Basic Health Plan Option for individuals with incomes between 138% and 200% of the FPL will not be available in 2014.

2013 Federal Poverty Levels

Federal Poverty Level	Annual Income: Individual	Annual Income: Family of 3
100%	\$11,490	\$19,530
133%	\$15,282	\$25,975
138%	\$15,856	\$26,951
200%	\$22,980	\$39,060
300%	\$34,470	\$58,590
400%	\$45,960	\$78,120

Source: <http://aspe.hhs.gov/poverty/13poverty.cfm>

2014 Medicaid Expansion

Current	January 2014
Current caseload: 1.2 million <ul style="list-style-type: none"> Pregnant women, children and families Aged, Blind or Disabled (ABD), Medicare Savings Program All others: Breast & Cervical Cancer, Alien Emergency Medical (AEM), Medical Care Services and Take Charge 	Anticipated over first few years of reform: 1.53 million <ul style="list-style-type: none"> 250,000 childless adults between 19-65 with incomes up to 138% of FPL 78,000 “Welcome Mat” individuals, currently qualified but not enrolled
Eligibility determinations: Current	Eligibility determinations: January 2014
DSHS/ADSA: <ul style="list-style-type: none"> Aged, blind, disabled; Long-Term Care Waivered services DSHS/ESA <ul style="list-style-type: none"> Children, pregnant women, families Some Long-Term Care and ABD Workers with Disabilities; AEM HCA <ul style="list-style-type: none"> Breast/Cervical Cancer; Take Charge Foster Care, Children’s Medical, CHIP 	HCA: MAGI methodology DSHS: Classic Medicaid: ABD, Foster Care, SSI recipients

2014 Medicaid Expansion

Eligibility systems: Current	Eligibility systems: January 2014
<ul style="list-style-type: none"> • ACES eligibility system • Washington Connection web portal 	<ul style="list-style-type: none"> • Health Benefit Exchange: new online application and rules engine for medical • Subsidies for incomes between 0-400% FPL
Establishing eligibility: Current	Establishing eligibility: January 2014
Standing income/resource verification: <ul style="list-style-type: none"> • Cases pended if verification lacking • Resource limits for most programs • Income disregards vary by programs • Information processed by financial staff and ACES 	<ul style="list-style-type: none"> • MAGI process mirrors federal tax filing rules • Income verified by data match • “Self-attestation” if data match fails • 5% income disregard for all programs • No resource/asset limits • Information entered via web portal
Assuring eligibility: Current	Assuring eligibility: January 2014
<p>Verification required prior to finalizing application, approving renewal or establishing change of circumstances</p>	<p>HCA will conduct stringent “post-Medicaid” eligibility check for verification when:</p> <ul style="list-style-type: none"> • Self-attestation not reasonably compatible with automated data-match • Automated data-match not available

After Implementation of the ACA

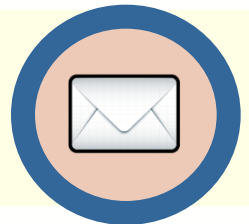
- Medicaid expansion - approximately 330,000 (2014-2017)
 - ~250,000 newly-eligible Medicaid adults
 - ~78,000 currently-eligible-but-not enrolled (welcome mat)
- BUT: some will remain uninsured
 - Undocumented immigrants (Alien Emergency Medical covers emergency care)
 - Individuals exempt from the mandate who choose to not be insured (e.g., because coverage not affordable)
 - Individuals subject to the mandate who do not enroll (and are therefore subject to the penalty)
 - Individuals who are eligible for Medicaid but do not enroll

Streamlined (Common) Application Process

Single application for all Insurance Affordability Programs (Medicaid/CHIP, Advanced Premium Tax Credits/Cost Sharing Reductions) and Qualified Health Plans




Accepted via website, phone, mail, in-person, and other common electronic means



Federally-approved: State-alternative form must be approved by HHS and be no more burdensome than HHS form



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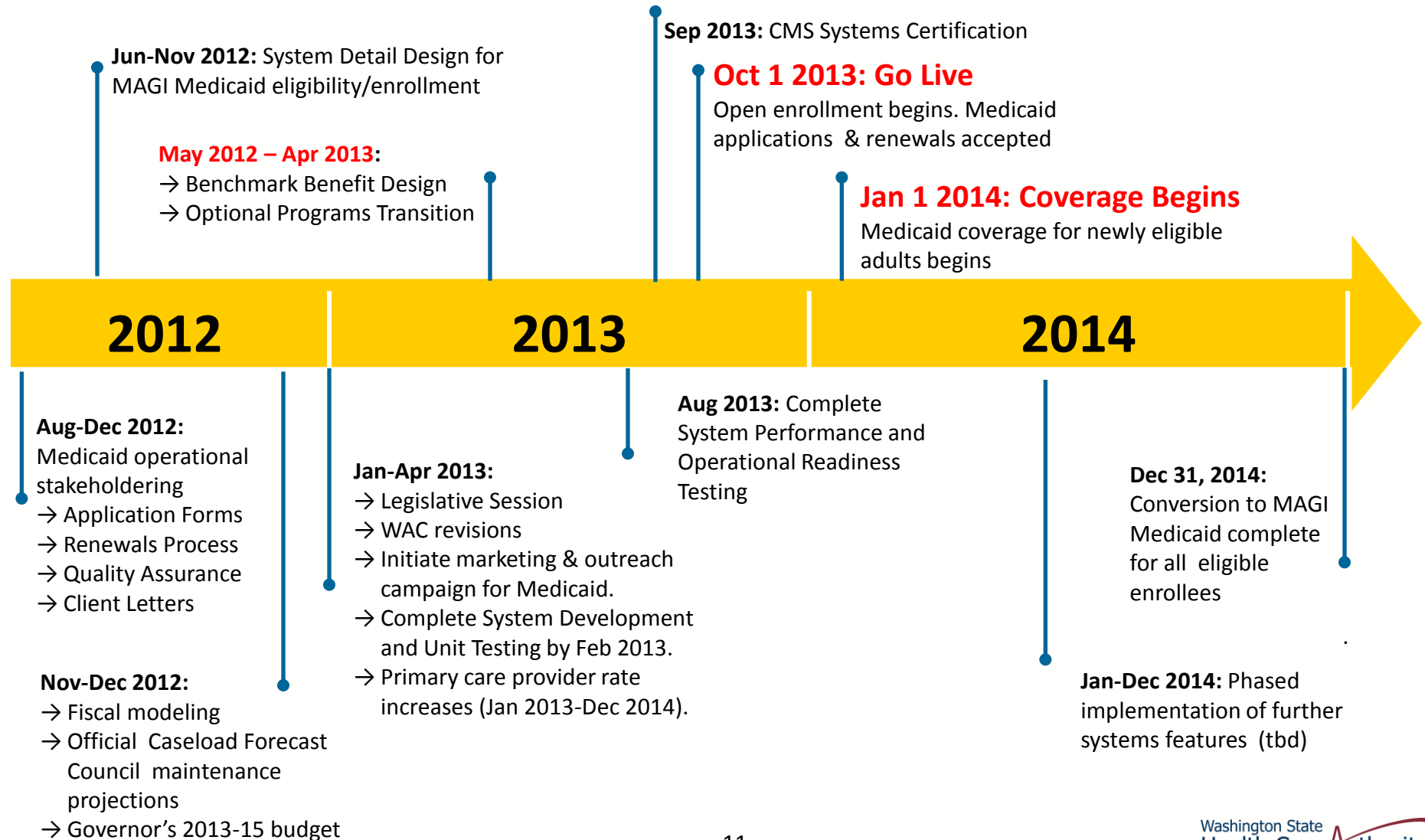
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Timeline: Much Work to be Done!



Links to More Information

- Web-sites: <http://www.hca.wa.gov/>
 - For information about the Medicaid expansion:
<http://www.hca.wa.gov/hcr/me>
 - For information about the Health Benefit Exchange:
<http://wahbexchange.org/>
 - To contact the HCA concerning the Medicaid expansion:
medicaidexpansion2014@hca.wa.gov
- Webinars and presentations around the state
 - See upcoming schedule and past events at:
<http://www.hca.wa.gov/hcr/me/stakeholdering.html>
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Questions?